MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03953

3957 CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne. X
STREET ADDRESS (If rural give location) Rural Princess Anne.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) T. (Last) Dykes
4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 8 1863
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Dykes
14. MOTHER'S MAIDEN NAME: (Denston) Sarah Denston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hargus Dickman Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac decompensation

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease

DUE TO (c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition – dehydration — 2 months

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 1954, to 4-18, 1954, that I last saw the deceased alive on 3-22, 1954 and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE Geo M Plum (Degree or title) MD ADDRESS Princess Anne Md. DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 4/21/54
NAME OF CEMETERY OR CREMATORY Perryhawkin Cemetery
LOCATION (City, town, or county) East Princess Anne (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/20/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03954

3958 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 39 Crisfield
MARYLAND
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) Main and First St.

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) N. (Last) HOLLAND
4. DATE OF DEATH: (Month) April (Day) 10 (Year) 19 54
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 8, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): owner & agent
10b. KIND OF BUSINESS OR INDUSTRY: General Insurance
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Holland
14. MOTHER'S MAIDEN NAME: Lydia Riggin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Elmo H. Carwile— Main and First St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
446X Immediate cause	(a) Uremia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Nephritis	several years
	DUE TO (c) Arteriosclerosis	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis and Pyelitis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1954, to April 10, 1954, that I last saw the deceased alive on April 10, 1954, and that death occurred at 1:15 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. N. Barr, M.D. ADDRESS Crisfield, Md. DATE SIGNED April 12, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Apr. 13, 1954
NAME OF CEMETERY OR CREMATORY Crisfield Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 4/13/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors-Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03955

3959

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island; LENGTH OF STAY (In this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island; STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Leonard (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 19, 1902

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deal Island, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Hamilton Jones

14. MOTHER'S MAIDEN NAME: Emma Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Elizabeth Jones, Deal Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart disease 420.1 — Interval Between Onset and Death: 7 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) attack at 5:00 P.M. Sunday

(c) attack at 12 midnight

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. H. Swan M.D. asst medical Examiner Queen Anne, Md April 24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: April 25-5-54; NAME OF CEMETERY OR CREMATORY: John Wesley; LOCATION (City, town, or county) (State): Deal Island Md

DATE REC'D BY LOCAL REG.: 4/24/54; REGISTRAR'S SIGNATURE: R. S. Johnson, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles H Ward Marion Sta, Md

VS. A15A

RECEIVED
APR 28 1954
BUREAU V. S.

Film#G164 Item# 9 4/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03956

3960 CERTIFICATE OF DEATH Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station X
STREET ADDRESS (If rural give location) Marion Station

3. NAME OF DECEASED: (Type or Print) (First) Flonnye (Middle) Hall (Last) Miles

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 12, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Station, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry White Hall

14. MOTHER'S MAIDEN NAME: Sarah E. Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Louis T. Miles, Jr., Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dil. of Heart - Gastric Hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pathological fracture of hip — from Jan. 9-1954

DUE TO

(c) Chronic Myocarditis - Chronic Int. nephritis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1953, to April 1, 1954, that I last saw the deceased alive on Apr. 1, 1954, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Corellum M D

ADDRESS Marion Sta. Md

DATE SIGNED 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 3, 1954

NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

LOCATION (City, town, or county) (State) Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR April 3, 1954

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Durward L. Covington

ADDRESS Crisfield, Md.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03957

3956 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Freemantown Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) Freemantown, Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WILLIAM (Last) MILES

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Manokin, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Miles

14. MOTHER'S MAIDEN NAME: Harriet Turpin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY No.: 199-01-6484

17. INFORMANT & ADDRESS: Mrs. Hattie A. Miles- Freemantown Rd. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 540.0 (a) Peptic ulcer (gastric) — Interval Between Onset And Death 8 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 2 yrs +

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1952, to 4/15, 1954, that I last saw the deceased alive on 4/15, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis, M.D. ADDRESS Crisfield Md. DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF April 18, 1954 | NAME OF CEMETERY OR CREMATORY Samuel Wesley Church Cemetery | LOCATION (City, town, or county) (State) Manokin, Md.

DATE REC'D BY LOCAL REGISTRAR 4/18/54 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03958

3961 **CERTIFICATE OF DEATH**

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole X
LENGTH OF STAY (in this place) 72
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 22, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Teacher - Teaching
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Smith
14. MOTHER'S MAIDEN NAME: Frances Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Miss Alberta Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 3 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Disease — 2 yrs.

DUE TO

(c) Hypertension — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1953, to Apr, 1954, that I last saw the deceased alive on Apr 16, 1954, and that death occurred at 11:15, from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Frank [illegible] ADDRESS [illegible] DATE SIGNED [illegible] Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 19, 1954
NAME OF CEMETERY OR CREMATORY: Oriole Cemetery
LOCATION (City, town, or county): Oriole, (State) Md.

DATE REC'D BY LOCAL REGISTRAR: 4/19/54
REGISTRAR'S SIGNATURE: R. H. Johnson M.D.
24. FUNERAL DIRECTOR: Levin R. Wilson Jr
ADDRESS: Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3962

CERTIFICATE OF DEATH

03959

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR TOWN and give nearest town) Rural Crisfield X (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield,
STREET ADDRESS (If rural give location) R.F.D 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Ephriam (Last) Sterling

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 11-1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Horatio B. Sterling

14. MOTHER'S MAIDEN NAME: Mary C Allen

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-12-3790

17. INFORMANT & ADDRESS: Mrs. Laura M. Sterling. Crisfield, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.4

Immediate cause (a) Leukemia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1953, to April 23, 1954, that I last saw the deceased alive on Apr. 23, 1954, and that death occurred at 12 30 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Rawley M.D. ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April-26-1954

NAME OF CEMETERY OR CREMATORY Sunny Ridge

LOCATION (City, town, or county) Crisfield, (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/24/54

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward L. Livingston ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03960

3963 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Hopewell Section X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) R.F.D. Hopewell Section

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) LAURA (Last) STERLING

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 19 54

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Dec. 20, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lee
14. MOTHER'S MAIDEN NAME: Irma Louise Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Box 23 Irma Louise Sterling-- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchial Pneumonia

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at , from the causes and on the date stated above.

Baby Woodard before Irma Lashed

SIGNATURE (Degree or title) Wm H. Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED 4-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF April 6,1954
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 4/6/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors--Crisfield, Md. ADDRESS

20V-151+04

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1974
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03961

3964 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole X — LENGTH OF STAY (in this place) 6 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print)	(First) Arsby	(Middle) Lee	(Last) Thomas	4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1954	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: Dec. 18, 1899	9. AGE last birthday: 54 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Insurance Agent	10b. KIND OF BUSINESS OR INDUSTRY: Insurance	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: George Thomas	14. MOTHER'S MAIDEN NAME: Julia Abbott				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service) no	16. SOCIAL SECURITY No.: 218-24-4584	17. INFORMANT & ADDRESS: Mrs Asby L. Thomas Oriole, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 dy.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterial Sclerosis (cerebral) — Several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 1949, to 4/24, 1954, that I last saw the deceased alive on 4/21, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stan. B. Whaley M.D. — ADDRESS 4/24/54 Princess Anne — DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-27-1954	Oriole Cemetery	Oriole, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/27/54	R. H. Johnson, M.D.	Levin R. Wilson	Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03962

3965

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wenona X
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wenona, Md. X
STREET ADDRESS (If rural give location) Wenona Md.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 3. 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wenona Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Brown
14. MOTHER'S MAIDEN NAME: Margaret Windsor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Dwight Wilson Wenona, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 1 minute

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic heart disease — ? year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1954, to 4-17, 1954 that I last saw the deceased alive on —, 19—, and that death occurred at 8.50 PM from the causes and on the date stated above.

SIGNATURE Geo M Dunn M D (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF 4/20/54
NAME OF CEMETERY OR CREMATORY St Johns Cemetery
LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/20/54
REGISTRAR'S SIGNATURE Lola T. Wheatley
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.